

TRANSMITTAL FORM

Application Number	10/528,976
Filing Date	March 10, 2006
First Named Inventor	Flehmg, Thomas
Group Art Unit	3725
Examiner Name	Wolfe, Debra M.
Attorney Docket No.	20496-479
Patent No.	Not yet assigned
Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Clean Copy of the Amended Abstract (1 sheet) <input checked="" type="checkbox"/> Replacement Sheets (3 sheets) <input checked="" type="checkbox"/> Annotated Sheets (2 sheets)
---	--	---

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being electronically filed on this 1st day of June, 2007.

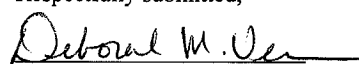

Christine Ludwig

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Date: June 1, 2007
Reg. No.: 55,699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

Respectfully submitted,

Deborah M. Vernon
Attorney for the Applicants
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600